

ZONING PERMIT APPLICATION

An appointment to submit this application to the zoning officer is recommended
Robert Turner 222-2619

(Please submit \$50.00 filing fee with this application. Check #_____)

LOCATION: _____

OWNER'S NAME: _____

OWNER'S ADDRESS: _____

OWNER'S PHONE: (_____) _____

PLEASE ANSWER THE FOLLOWING QUESTIONS. IF YES, SUPPLY A COPY OF THE RESOLUTION

1. DOES A SPECIAL PERMIT APPLY TO THIS PROPERTY: (CIRCLE ONE)

IN HOME OCCUPATION	Y	N
APARTMENT	Y	N

2. WAS A ZBA VARIANCE GRANTED: Y N

3. WAS A CONSERVATION COMMISSION REGULATED
ACTIVITY PERMIT ISSUED FOR THIS PROPERTY: Y N

4. P&Z COMMISSION CONDITIONS ISSUED: Y N

APPLICATION DATE: _____

SIGNATURE OF APPLICANT: _____

I HEREBY CERTIFY THAT THIS APPLICATION IS BEING FILED BY THE
UNDERSIGNED AS AGENT FOR THE OWNER NAMED HEREIN.

SIGNATURE OF AGENT: _____

For office use only below this line

FOUNDATION AS BUILT BEFORE FRAMING	Y	N
PLOT PLAN	Y	N
DRIVEWAY PERMIT	Y	N
HISTORIC DISTRICT	Y	N

ZONING INSPECTOR SIGNATURE _____ DATE _____

ZP APP rev. 11/5/99